



# PREVENTING TRANSMISSION OF HIV/AIDS FROM HIGH RISK GROUPS IN NICARAGUA

FY17 ANNUAL PROJECT REPORT

PERFORMANCE PERIOD:

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## Acronyms

ADESENI	Asociación por los Derechos de la Diversidad Sexual Nicaragüense (Association for the Rights of Nicaraguan Sexual Diversity)
AIDS	Acquired Immune Deficiency Syndrome
AMODISEC	Asociación Movimiento de la Diversidad Sexual Costeña
ANICP+VIDA	Asociación Nicaragüense de Personas Positivas Luchando por la Vida (Nicaraguan Association of Positive People Fighting for life)
ARV	Antiretroviral Therapy
ASSIST	Applying Science to Strengthen and Improve Systems
ASONVIHSIDA	Asociación Nicaragüense de Personas VIH SIDA (Nicaraguan Association of People with HIV Aids)
AOR	Agreements Officer's Representative
CA	Cooperative Agreement
CAR	Central America Region
CCM	Country Coordinating Mechanism
CEGODEM	Centro de Estudios para la Gobernabilidad y Democracia (Center of Studies for Governance and Democracy)
CDC	Centers for Disease Control and Prevention
CEPRESI	Center for Aids Education and Prevention
CHS	Center for Human Services
CoC	Continuum of Care
CONISIDA	Nicaraguan Aids Commission
COP	Chief of Party
CQI	Continuous Quality Improvement
ECVC	Encuesta Centroamericana de Vigilancia de Comportamiento Sexual y Prevalencia de VIH e ITS en poblaciones vulnerables (Central American Survey of Sexual Behavior Surveillance and HIV and STI Prevalence in vulnerable populations)
EMMP	Environmental Mitigation and Monitoring Plan
FP	Family Planning
FSW	Female sexual worker
FY	Fiscal Year
GBV	Gender Based Violence
GF	Global Fund
HHRR	Human Rights
HIV/AIDS	Human immunodeficiency virus / acquired immunodeficiency syndrome
ICW	International Community of Women Living with HIV
IDU	Injection Drug Use
KP	Key Population
LGBTI	Lesbian, Gay, Bisexual, Transgender, and Intersexual
M&E	Monitoring and Evaluation
MARP	Most at Risk Populations
MHG	Mutal Help Group
MINSA	Ministerio de Salud (Nicaraguan Ministry of Health)
MOH	Ministry of Health
MSM	Men who have sex with Men
NDI	National Democratic Institute
NDRC	National Diagnosis and Reference Center
NGO	Non-Governmental Organization
ODETRANS	Organización de personas transgénero de Nicaragua
OR	Odds Ratio

UNAIDS	United Nations Fund to Fight Aids
PHIV	People with HIV
PEPFAR	President's Emergency Plan for AIDS Relief
QMP	Quality Management Program
S&D	Stigma and Discrimination
SDH	Social Determinants of Health
SI	Strategic Information
SIM	Site Monitoring System
SMS	Short Message Service
Somos CDC	Centro para el Desarrollo y la Cooperación LGTBI
STI	Sexually Transmitted Infections
SW	Sexual Worker
TG	Female Transgender
TRANS	Transgender, transsexual, transvestite
UNAIDS	Joint United Nations Programme on HIV/AIDS
URC	University Research Co., LLC
URS	Unique Record System
USAID	United States Agency for International Development
USAID/DELIVER	Contraceptives Logistics Programme
USAID/PASCA	USAID Program for Strengthening the Central American Response to
USAID/ PrevenSida	Prevention of HIV/AIDS transmission among High Risk Population Program
WHO	World Health Organization

## I. EXECUTIVE SUMMARY

This annual report corresponds to the seventh year of the PrevenSida project, FY17. Its objective is to increase healthy behaviors in order to reduce HIV/AIDS transmission among Most at Risk Populations (MARPS).

PrevenSida has been supporting the National Response to HIV and AIDS prevention among key population (KP), including men who have sex with men (MSM), female transgender (TG), and people with HIV (PHIV) in Nicaragua. This is to be accomplished by increasing healthy behaviors, such as: increasing the use of condoms, reducing the number of sexual partners MARPs have, and increasing access to HIV testing for these populations.

For FY 17, United States Agency for International Development (USAID) Nicaragua made a modification to the Cooperative Agreement (CA): Extend the completion date of the award from September 20, 2016 to December 29, 2017. Increase the Total Estimated Amount from \$7,000,000 to \$8,565,540. Additional component in Program Description: Strategic Information (SI) for the Central American Region (Guatemala, Honduras, El Salvador, Nicaragua and Panama) and the special studies for Garifuna population (Honduras and Nicaragua).

Activities in Nicaragua were implemented through technical assistance and grants to 9 Non-Governmental Organizations (NGOs): three formed by MSM, two by TG and four by PLHIV. This year was characterized by the graduation of the first four results: Institutional strengthening, Continuum of Care (CoC) Provision, and Stigma and Discrimination (S&D) reduction. The fifth result, improved generation, dissemination and use of HIV strategic information, has had significant progress in Nicaragua and Honduras, and USAID Nicaragua has requested University Research Co. (URC) to submit a technical and financial proposal to share the learning from Nicaragua and develop the knowledge management component in the Central American Region (CAR).

**The main achievements** to date in the NGOs supported by the project are:

### Management and finance

- Improved fund management capacity with various donors
- Knowledge and compliance with the country's labor laws
- Automation of accounting systems
- Robust administrative teams with capacity for planning and financial follow-up vs. activities completion
- Ownership of cost sharing generation and support
- Coordination of administrative teams with technical staff
- Preparation of financial reports complying with accounting standards
- Staff qualified and implementing what is established in the supplies logistics system

### Quality management

- NGOs have a quality management plan
- Organizational climate measurement and improvement plans in organizations
- Implementation of quality rapid cycles to reduce quality gaps
- External user satisfaction measurement

### CoC provision

- Promoters updated on the latest World Health Organization (WHO) guidelines for the start of Antiretroviral Therapy (ART) and the Test and Start approach

- Correct organization to implement CD4 count test with mobile equipment
- Successfully validated the community-based psychological care component that is being taken over by the Global Fund for the next grant
- PLHIV NGO promoters improved their competencies and applied them for counseling regarding the link between care, retention and adherence services. In addition, conducted the community clinical evaluation, which gave a qualitative leap to community work.
- Appropriation by the promoters of the CoC approach, which enabled analysis of the monitoring results and their publication
- CoC indicator monitoring teams with good management of the unique record system (URS) and information protection

#### Indicator Compliance

The goals were exceeded due to the organizational strengths achieved by NGOs in field activities planning, follow up and monitoring, knowledge of their target population, extensive promoters network, and the trust build from beneficiaries towards the organizations that serve them.

- HIV rapid testing reached 172% (1,974/1,149) with a positivity rate of 2.43% (48/1,971)
- Key population reached with prevention interventions: 429% (9,853/2,298)
- Health care workers who completed in-service training: 247% (766/310)
- Care Comm: 219% (3,879/1,773)
- Care Curr: 190% (3,361/1,773)
- Care new: 73% (46/63)
- Tx New: 317 adults newly enrolled on antiretroviral therapy (ART)
- Tx. Curr: 3.348
- HRH Curr: 105.13 Full Time Equivalents (FTE)

#### Knowledge Management / Strategic Information

The USAID Agreements Officer's Representative (AOR), project consultants and external researchers were included in the research team. This team generated 7 research studies in Nicaragua. The nine NGOs generated 18 reports related to continuum of care services provision using the Participatory-Action-Research methodology.

- Nicaragua:
  - Prevention of HIV in key population in Nicaragua: what Works?
  - Effectiveness evaluation of the Combination Prevention and Care model for key populations in Nicaragua
  - Effectiveness of peer interventions to improve access to HIV testing among key populations: a community-based approach
  - CD4 count with mobile unit in Nicaragua: reducing gaps in access to treatment for people with HIV
  - Final external evaluation of the DELIVER Project: Logistical strengthening component for NGOs
  - Logistics capabilities of NGOs involved in the National Response to HIV in Nicaragua. Baseline
  - Final performance evaluation of the USAID Nicaragua HIV quality improvement components in PrevenSida and ASSIST activities
  - Nine NGOs learned and drafted reports based on the production of services registered in their databases, and generated 18 reports using the participatory action - research methodology.
- Honduras:



- KP NGOs successfully applied the Nicaraguan experience and performed the Social Determinants of Health (SDH) analysis by type of population (MSM, TG and female sexual worker).
- A PLHIV NGO is researching the Community-based HIV Cascade applying the community-based clinical assessment based on WHO clinical stages.
- Among Garifuna population, 4 sub-studies were carried out related to the situation of HIV:
  - *Sub-study 1: Epidemiological profile of HIV in the Garifuna population of Honduras.*
  - *Sub-study 2. Assessment of risk factors using community surveys*
  - *Sub-study 3: Continuum of care: HIV cascade in the Garifuna population of Honduras.*
  - *Sub-study 4. Institutional capacities based on the social determinants of health (SDH) in the Garifuna population.*

The main challenge faced by NGOs in Nicaragua is financial sustainability, which was not one of the expected results of PrevenSida. Other challenges for NGOs are to sustain what has been gained in the Quality Management component and to further develop the knowledge management component.

### **PrevenSida Extension**

By mid-September of 2017, USAID Nicaragua approved to extend the Estimated Completion Date of this Agreement from December 29, 2017 to June 30, 2020

The extension of the USAID PrevenSida project will support the President's Emergency Plan for AIDS Relief (PEPFAR) 3.0 Strategy with a focus on improving civil society organizations (CSO) ability to gather, use and disseminate knowledge about HIV in key populations (KP) and priority populations (PP), continuing the work initiated by the project last year.

A single objective is established for the extension period: Improve the capacities of CSOs and local academic institutions to manage knowledge related to the KP HIV epidemic in Central America (Guatemala, El Salvador, Honduras, Nicaragua, and Panama). The following intermediate results (IR) will contribute to the activity:

IR 1: Apply lessons learned to strengthen CSOs in analysis and use of HIV data.

IR 2: Strengthen CSOs capacity to develop new HIV knowledge specific to KP

The main challenge of the project with the extension of the program in knowledge management in the CAR, is to provide simultaneous technical assistance to multiple KP NGOs who would be conducting HIV research courses and implementing applied research.

## **2. DEMOGRAPHIC AND HIV STATISTICS.**

### **2.1 HIV STATISTICS GENERATED BY MOH**

In the report on the epidemiological situation of HIV in the country, presented by the Vice Presidency of the Republic<sup>1</sup>, it is described that the first case of HIV was reported in Nicaragua in 1987, and to date 12,157 people have been diagnosed with the virus. Of these, 65% are men and 35% are women. 69% of these people are between 20 and 39 years old. 20% (2 thousand 429) of the total diagnosed have died. Currently, 9,728 people are living with HIV in the country. In the year 2017, treatment was guaranteed for 518 people, and in 2016 for 3,885.

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<sup>1</sup> Available in: <http://www.minsa.gob.ni/index.php/106-noticias-2017/3536-companera-rosario-presenta-informe-sobre-el-vih-en-nicaragua>

## 2.2 HIV STATISTICS GENERATED BY PREVENSIDA

Rapid testing by PrevenSida during October 2011 to September 2017 recorded 23,223 MSM tested and obtained 123 positive results for a percentage of 0.53%. Among Trans population, 3,681 people were tested with a result of 54 positive cases for a percentage of 1.47%

The PrevenSida report, between October 2011 and September 2017 includes 60,718 HIV tests: 248 with reactive results for a point prevalence rate of 0.41%<sup>2</sup>.

## 3. DESCRIPTION AND BACKGROUND OF THE HIV IMPLEMENTING MECHANISM IN THE COUNTRY

URC<sup>3</sup> is a global company dedicated to improving the quality of health care, social services, and health education worldwide.

URC implements the PrevenSida project of the United States Agency for International Development for HIV/Aids transmission prevention among high-risk population. It is a seven-year project (September 20<sup>th</sup>, 2010 to December 29<sup>th</sup>, 2017) with a \$8,565,540 million investment. Implemented in 5 prioritized municipalities (Managua, Tipitapa, León, Chinandega, Bilwi) of 4 departments (Managua, León, Chinandega and Northern Caribbean Coast Autonomous Region) and Central América in the component of Strategic Information (Guatemala, Honduras, El Salvador, Nicaragua and Panama).

PrevenSida is administered by URC under cooperative agreement number AID-524-A-10-00003. It is funded by PEPFAR through the United States Agency for International Development for HIV/Aids transmission prevention among high-risk population.

## 4. PROGRAM GOALS AND STRATEGIC COMPONENTS WITHIN THE PEPFAR FRAMEWORK

The program goal is to increase healthy behaviors in order to reduce HIV/AIDS transmission among MARPS and to the population at large. These healthy behaviors will be measured by the following indicators: increase 50% from baseline the consistent use of condoms, decrease of 30% from baseline the number of sexual partners and increase of 60% from baseline in the use of HIV testing and counseling and testing.

**Project coverage.** The target for FY 17 was 2,298 MSM/TG from 5 municipalities: Managua, Tipitapa, León, Chinandega and Bilwi, which correspond to 12% of total estimated KP (MSM/TG) for these 5 municipalities (2,298/19,216). The municipalities were selected for the highest HIV incidence.

### Strategic approach.

The program contributed to the implementation of the Central America HIV sustainability strategy, in coordination with Global Fund to fight Against AIDS, Tuberculosis and Malaria (GFTAM) and United Nations Agencies. In universal access, PrevenSida provided support to improve quality and coverage of CoC among key population in five high incidence municipalities. Regarding sustainability, the program contributed to the national response reducing the number of new infections with evidence based prevention interventions that help slow down HIV's progression and avoid treatment failure. Another contribution was to improve access to HIV rapid testing for key populations.

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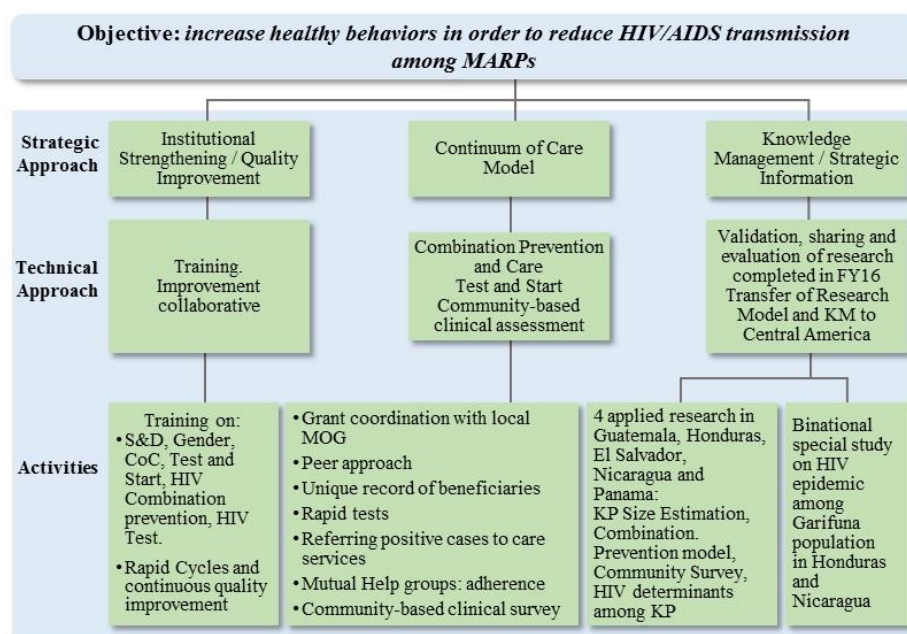
<sup>2</sup> PrevenSida data base

<sup>3</sup> Available in: <http://www.urc-chs.com/projects/prevensida>

The program increased efforts on data quality improvement and the CoC, thus contributing to early integration of positive cases and ensuring adherence to avoid treatment failure.

The approach is summarized in the following figure. (Fig 1)

Figure 1: PrevenSida's Extension Approach



### Institutional Strengthening and Quality Improvement

During the first seven years of the program, 73 NGOs have received training for institutional strengthening, 37 NGOs out of these received financial grants and coaching to improve their administrative and financial processes through updating and implementing relevant manuals, automating their accounting systems, strategic and annual planning, monitoring and evaluation plans and quality standards monitoring. In coordination with USAID's ASSIST Program, twelve NGOs received training to develop knowledge and skills for continuous quality improvement (CQI) and have designed and implemented their Quality Management Program (QMP).

### Continuum of Care model

These services include HIV combination prevention; HIV testing and linkage to care; managing opportunistic infections and other comorbid conditions and initiating, maintaining and monitoring ART. From 2010 to 2013, PrevenSida implemented combination prevention.

In 2014, PEPFAR started CoC implementation including actions to link people who had abandoned ART and those requiring referral due to their CD4 count or viral load into HIV care services. Since October 2014, following up with international recommendations, the program implemented the HIV CoC, which broadens actions towards community care for PHIV and included actions to identify health problems at the time of the support visit and referral of not adherent PHIV to ART and that require other types of services. In 2016, the WHO published the "Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection: recommendations for a public health approach"<sup>4</sup>. WHO recommends for the first time, that all people living with HIV be provided with ART.

<sup>4</sup> World Health Organization. Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection. Second edition. Geneva: WHO; 2016. Available at: [who.int/iris/bitstream/10665/208825/1/9789241549684\\_eng.pdf?ua=1](http://who.int/iris/bitstream/10665/208825/1/9789241549684_eng.pdf?ua=1)

To support the country in reaching the goal of universal treatment, the program provided technical assistance to:

- Worked with NGOs providing HIV CoC services, promoting human rights, combatting stigma and discrimination, identifying challenges to and gaps in health care delivery
- Improved the quality of community and peer-to-peer community support groups: HIV testing.
- Trained promoters to provide peer's counseling, to link and refer patients to facilities, and to manage retention activities.

### **Strategic Information/Knowledge Management**

In FY16, USAID Nicaragua developed a model of educational research, led by the Regional Strategic Information Advisor, with the purpose of making results available for beneficiary NGOs, national authorities and for the Central American Region. The research team is composed by USAID, program advisers and external researchers hired through public tender processes established by URC in compliance with USAIDs' regulations.

In addition to the interventions effectiveness and coverage evaluation, and validation of instruments completed by USAID external evaluations, the program has developed capabilities among NGOs to facilitate analysis of Social Determinants of Health for specific populations in Nicaragua (TGF, MSM, PLHIV, FSW and Northern Caribbean Coast populations) and Honduras (Garifuna, MSM, TG, FSW and PLHIV)

In FY17, the following activities were performed:

- Shared best practices, lessons learned and promising experiences to promote information exchange.
- Develop, validated and transferred a series of SI reports enabling health policymakers, international donors, program managers, service providers and other health system stakeholders to rely on trustworthy data to make evidence-based decisions.
- Supported two Central American countries (Honduras and Nicaragua) in generating, sharing and using strategic information.

## **5. TECHNICAL REPORT**

PrevenSida concentrated its efforts to achieve graduation of the first 4 results: institutional strengthening in NGOs, improved access of key populations to quality CoC services, reduced S&D and improved participation of NGOs in the national response.

In institutional strengthening, NGO staff were trained in the technical aspects of the CoC, emphasizing the Test and Start strategy. The management and financial management component had already met the criteria established in the quality standards.

To ensure quality CoC, the NGO staff was updated on rapid testing and biosafety topics with the support of the National Diagnostic and Referral Center; follow-up was closely monitored for community-based linkages and support to PLHIVs; the use of the CD4 mobile unit was promoted by the PLHIV NGOs and CEPRESI (has a certified laboratory and mobile medical unit) as part of the ARV insertion or reinsertion strategy. (National standard establishes CD4 under 500 for ARV); consolidating knowledge and practice to implement the community-based clinical assessment based on WHO stages; validation and evaluation of the community component of psychological care and capacity building in knowledge management/strategic information, which allowed NGO staff to use their data to know the characteristics of their populations (eg HIV community cascade by population type , psychological care) and drawing conclusions and recommendations.

## 5.1 RESULT ONE: STRENGTHENED INSTITUTIONAL CAPACITY OF NGOS

The main strategy occurs through grants, which has a component of organizational capacity and administrative and technical staff skills development.

For year 7 of the project, nine NGOs were selected with a total of US\$ 367,734.03. All the organizations closed their projects with successful administrative results, spending 100% of the budgets.

### PEOPLE TRAINED

The planned activity was completed, which was to update NGO staff in the new WHO guidelines, CoC, S&D and Gender-Based Violence (GBV).

The target was exceeded (247%) because the NGOs delegated to the workshops more people than expected because of the interest in the new topics. 14 NGOs participated, including the 9 that received a grant.

The 766 training events correspond to 201 individuals.

Per type of sexual orientation:

- Gay: 11.4% (23/201)
- Bisexual: 7.5% (15/201)
- Trans: 20.4% (41/201)
- Lesbianas: 2.5% (5/201)
- Heterosexual: 58.2% (117/201)

The advocacy and human rights topic was delivered in coordination with the National Democratic Institute (NDI), with 24 resources. However, this list was not incorporated into TraiNet from October to December 2016, but was recorded until the second quarter (January to March of FY 2017), due to delays in sending the training report.

The TraiNet annual report coincides with the annual in-service training PEPFAR indicator consolidated report.

Table 1. Training indicator compliance

	Target	Total reached	Percent Complete
Number of health care workers who successfully completed an in-service training program within the reporting period	310	766	247%
GEND_NORM: Number of people completing an intervention pertaining to gender norms, that meets minimum criteria	50	71	142%
Testing and Counseling	10	47	470%
Stigma and discrimination	50	56	112%
Combined HIV Prevention	50	76	152%
GBV prevention	50	56	112%
Advocacy and human right	50	78	156%
Other Continuing of Care model and Test and Start Strategy	50	382	764%

## QUALITY MANAGEMENT PROGRAM (QMP)

Seven of the nine grantee NGOs (GAO, ASONVIHSIDA, ANICP + VIDA, ADESENI, ODETRANS, CEGODEM and CEPRESI) had a Quality Management Plan, therefore, the commitment was to support them in implementation of continuous quality improvement. With the other two NGOs (ICW Nicaragua and AMODISEC - RACCN), the commitment was to accompany them in the training process, design of the Quality Management plan and implementation of the quality improvement strategy. The results were the following:

- 100% (9/9) of NGOs measured organizational climate and created improvement plans.
- 100% (9/9) made at least two measurements of the quality indicators (a baseline and second measurement) analyzed the results and improvement plans.
- 100% (9/9) completed performance evaluation for their staff.
- 100% (9/9) performed continuous quality improvement cycles, resulting from the analysis of productivity and quality indicators.
- 4 NGOs (GAO, ASONVIHSIDA, ICW Nicaragua, AMODISEC) updated the contents of the HIV policy incorporating aspects related to non-discrimination, promotion of the rights and responsibilities of Lesbian, Gay, Bisexual, Transgender and Intersexual (LGBTI) and PLHIV population and mechanisms to report cases of rights violation.
- 100% (9/9) implemented the complaint and suggestions management strategy at their NGOs.
- 100% (9/9) shared information on grant results with MINSA authorities.
- 100% (9/9) shared the best practices developed during execution of their projects aimed at the CoC for key populations and PLHIV and psychological care for PLHIV and Trans.
- 63% (7/9) measured external user satisfaction, shared results with the team, and made improvements to identified gaps.

### **Mentoring.**

The *organizational development* area completed 40 technical visits, the main activities are:

#### Quality

- Training NGO staff on Quality topics: quality concepts, external user satisfaction, organizational climate, complaint and suggestion management and service strategy.
- Coaching improvement teams to develop strategies for continuous quality improvement, organizational climate measurement, external user satisfaction measurement, staff performance evaluation, and quality indicators evaluation.
- Technical assistance for NGOs to make progress in documenting hard and soft copies of information on all NGO-driven activities as evidence of the work and outcome of the technical assistance provided by PrevenSida.

#### Environmental Mitigation

- Train NGO staff on environmental impact mitigation topics, assessing compliance with environmental mitigation and reporting plan activities and verifying coordination established by the Ministry of Health (MINSA) for medical waste disposal.

#### Continuum of Care

- Analysis and interpretation of data related to psychological and continuum of care in HIV, identifying quality gaps, and developing improvement rapid cycles.
- Analysis, interpretation and documentation of cases referred to health units, community groups and NGOs for completion of care (CD4, Inclusion in the HIV Program, Mutual Help Group (GAM) and Treatment for sexually transmitted infections)



- Document reference cases made by promoters for psychological care, STIs, and family planning (FP), among others.
- Review data collection and interpretation of the Community-based Clinical Assessment Surveys.
- Updating the reference book and reviewing the promoters' field notebooks in order to gather information such as telephone numbers and other sources of information to follow-up with PLHIV referred and learn their degree of linkage with health units.

#### Stigma and discrimination

- Technical assistance to NGOs to draft an HIV policy, incorporating aspects focused on reducing stigma and discrimination, violence, and reporting mechanisms when beneficiaries feel that their rights have been violated.

*Coaching for data quality, processing and collection.* The Monitoring and Evaluation (M&E) area completed 42 field visits to the project monitoring area to 9 grantee NGOs (GAO, ANICP + VIDA, ASONVIHSIDA, ICW-Nicaragua, ADESENI, ODETRANS, CEPRESI, CEGODEM and AMODISEC), with the purpose of providing supervision and coaching to human resources of NGOs. Supervision and coaching provided was related to information recording, processing and use of secondary data collected by promoters in the delivery of services in the continuum of care, as well as reviewing compliance with grant work plans, reviewing evidence and implementation of quality improvement cycles related to provision, goal attainment of quality management program indicators.

The unique record system (URS) was used to record and store data. Digital tablets were used to complete Community-based Clinical Assessment Surveys, use of this tool started in Fiscal Year (FY) 16 and continued in FY17.

The continuum of care that involves, among other actions, linking PLHIV to MINSA health units, retention of people in ART and recording and personalized follow-up of new cases of PLHIV and cases in abandonment, generated greater efforts for registration and monitoring by promoters and for data management, these areas were strengthened with visits by USAID|Nicaragua using the Site Monitoring System (SIM) survey at the local level.

*Coachig in financial management:* 9 sub grants are awarded in FY17 for which field visits, monitoring and technical support are given to administrative and accounting staff in the organizations. Part of the accomplishments for the NGO are:

1. Punctuality on financial reports delivery.
2. Excellent management and reporting of cost share.
3. Permanent follow up to bank and cash balance reports.
4. Good use of capture mask, invoice creating templates and monthly product delivery.

Since this was the last year of sub grans in Nicaragua, 17 NGOs are graduated in administrative management based on the PrevenSida standards about administration and accounting.

#### **INDICATORS:**

- Number of health care workers who successfully completed an in-service training program within the reporting period: 766 (247%; 766/310)
- Gender Norm: Number of people completing an intervention pertaining to gender norms, that meets minimum criteria: 71 (142%; 71/50)

## 5.2 RESULT TWO: IMPROVED ACCESS OF HIV/AIDS PREVENTIVE SERVICES

The Project has improved the quality of the CoC services by including new services, such as community-based psychological care, and by optimizing other services already offered, such as HIV testing offer using prioritization criteria, and using the same approach for CD4 count with the mobile unit, community clinical survey and peer counseling for people who are not attending health units for referral and improving retention and adherence.

In the effectiveness evaluation of the combination prevention and care model to key populations in Nicaragua, 2011-2016, carried out by PrevenSida and pending publication, the following results are presented: *According to the analysis of association between result indicators and gradients of exposure, exposure to a higher number of care instances provided to the same person increases the likelihood of modifying HIV risk conditions.*

- *Among key population people who report risk per the number of sexual partners in the last month (more than one) and who are exposed to three care instances, the probability of modifying that risk condition doubles.*
- *Among key population who report risk per inconsistent condom use in the last month and exposed to three care instances, the likelihood of modifying that risk condition triples.*
- *Among people who report risk per failure to get tested for HIV in the last year and who are exposed to three care instances, the probability of modifying that risk condition triples.*

*Achievements in the results both in coverage and in the modification of risk behaviors are attributable to two processes that PrevenSida has maintained throughout all the years of implementation: the process of strengthening managerial capacities and services provision in implementing organizations including deployment of various training and mentoring mechanisms (training, supervision, coaching); and the operation of the mechanisms of continuous quality improvement for services in PrevenSida organizations' network.*

The indicators table is in Annexes I

### 5.2.1 KP PREVENTION

In year seven year the goal of people and contacts reached with a package of prevention combination and care is 2,298 KP individuals and 4,596 contacts.

The goal of individuals reached was over complied with (429%) and there was good compliance with contacts. Overcompliance is due to financial availability being available to deliver 9 grants to NGOs working in the five prioritized municipalities and for a period of more than 6 months, along with this final stage of grants awards being delivered to the best NGOs based on their management capacities and implementation of the CoC in KP.

An average of 1.7 contacts per individual was achieved; the expected number was 2 contacts, but the short grant implementation time does not allow reaching the goal.

#### PEOPLE AND CONTACTS REACHED.

The KP annual goal was achieved by 429% and there was overcompliance by population type. Female sex workers and injecting drug users (IDUs) were captured among people with HIV who were treated for CoC. See details in table 2.



Table 2. Key population reached

Indicator PEPFAR	FY17		
	Target	Total reached	Percent Complete
KP_PREV. Number of key populations reached with individual and/or small group-level HIV prevention interventions designed for the target population (individual)	2,298	9,853	429%
By MARP type: CSW		28	N/A
By MARP type: IDU		35	N/A
By MARP type: MSM	2,298	9,790	426%
Custom By MARP type: MSM (homosexuals)	700	3285	469%
Custom By MARP type: MSM (transgender)	584	1826	313%
Custom By MARP type: MSM (bisexual men)	1,014	4,679	461%
Number of Men	2,298	9,829	428%
Number of Women		24	N/A

Prevention services delivered were the following:

- HIV rapid testing promotion:
  - 78.4% (7,727 / 9,9853) at the time of preventive services delivery had been tested for HIV before 12 months
  - 3.3% (330 / 9,853) were people who knew their status as PLHIV
  - 8.3% (1,796 / 9,853) rejected the referral or HIV rapid testing
- Service Delivery Modality
  - 30% (3,000 / 9,853) peer approach
  - 58% (5714 / 9,853) individual approach, not peer
  - 12% (1139 / 9,853) in small groups.
- 97% (9,615 / 9853) received condoms and 97% (9,558 / 9,853) lubricants.
- Risk factors
  - 91% (8,945 / 9,853) reported 2 or more partners in the past month,
  - 8% (1,735 / 9,853) reported being a sex worker client
  - 8% (1,735 / 9,853) reported to have been subject to gender-based violence.
  - 66% (6,959 / 9,853) reported using non-injecting substances in the last month.

## 5.2.2 PREVENTION WITH POSITIVES

### CARE COMM

In year seven the goal of HIV positive people and their contacts reached with prevention services is 1,773 individuals and 10,391 contacts.

4 services were planned per PLHIV:

- First service: community-based clinical survey, CD4 count assessment and/or HIV rapid testing in serodiscordant couples.
- Second and third services: behavior change approach, secondary prevention.
- Fourth service: psychological assessment and participation of Self Help Groups to support adherence to ARV

The 4 NGOs that worked with positives (ANICP+ VIDA, ASONVIHSIDA, GAO and ICW) over complied goals. The characteristic of these NGOs is that they receive funding from the

Global Fund, which allows them to be active throughout the year and therefore connected to their target population. In addition, they have gained reliability from their beneficiaries.

The Community Care indicator was over-complied: 219% of individuals and 147% of contacts, resulting in a concentration of 2.67. Out of the total of HIV alive cases, 35.8% (3,879/10,831) of them received care by PEPFAR supported NGOs.

Capturing by department was:

- Chinandega: 19.7% (762/3,879)
- León: 18.0% (699/3,879)
- Managua: 57.0% (2,213/3,879)
- RACCN: 5.3% (205/3,879)

Services offered

- 97.5% (3,785 / 3,879) received condoms.
- 96.6% (3750 / 3,879) received lubricants.
- 62.0% (2,406 / 3,879) received counseling on serodiscordant partner status and rapid testing
- 36.4% (1,414 / 3,879) received information about Tuberculosis and its relation to HIV
- 232 people were referred for presenting symptoms associated with tuberculosis.

Table 3. Care Comm Indicator Compliance

PEPFAR indicator	FY17		
	Target	Total reached	Percent Complete
Care-Comm Number of HIV-positive adults and children receiving care and support services outside of the health facility (individual)	1,773	3,879	219%
CE-575-a Number of Men	1,008	2,280	226%
CE-575-b Number of Women	765	1,599	209%
CE-575-c Number reached in a clinic		2275	
CE-575-d Number reached in a facility		189	
CE-575-e Number reached in a community		71	
Number reached in a home		1344	

## CARE CURR

The indicator measures clinical services delivered outside health facilities. The project has developed capabilities and tools for community-based clinical assessment based on WHO staging. NGO CEPRESI received support for capacity building on CD4 testing with a mobile equipment in coordination with 4 PHIV NGOs (GAO, ASONVIHSIDA, ICW and ANICP+VIDA) in 4 departments (León, Chinandega, Managua and RACCN).

The annual target was reached at 190% (3,361/1,773). Clinical assessment was conducted to 62.6% (2,105/3361) males and 37.4% (1,256/3,361) females. 37.4% (1,256/3,361) in the department of Chinandega, 37.4% (1,256/3,361) in Leon and 37.4% (1,256/3,361), in 37.4% (1,256/3,361).

Out of 3,361 people currently on ART: 9.3%, (317) entered into the care and therapy system. These were reached by PEPFAR supported NGOs.

Of living cases to date (10,831), 31.0% (3,361 people) received clinical assessment (WHO staging) at community level

Grouped by clinical stage:

1. 66.3%. (2,125/3,361) Stage 1
2. 20.0%. (672/3,361) Stage 2
3. 10.5%. (352/3,362) Stage 3
4. 6.3%. (211/3,361) Stage 4

#### CARE NEW

The Care new indicator measures new HIV cases captured and integrated into the Ministry of Health care system.

The indicator was complied with by 73% (43/63). By sex: Male, 100%

The difficulty of finding people whom have abandoned ART or have not started it was due to the anonymity and confidentiality of positive cases.

#### TX\_NEW

317 people were newly enrolled on ART. 87.4% (277/317) of them were captured through the community-based clinical assessment; 12.6% (40/317) through HIV rapid testing captured as new cases.

#### TX\_CURR

3,361 PLHIV who were receiving ARV, received community support through the various CoC services.

- By sex: 37.3% (1,249/3,348) female, 62.1% (2,099/3,348) male.
- By age: 77.6% (2,596/3,348) between 25 and 49 years old
- By origin:
  - 67.6% (2,262/3,348) from Managua
  - 12.6% (423/3,348) Leon
  - 14.6% (488/3,348) Chinandega
  - 5.2% (175/3,348) from Puerto Cabezas

#### HRH CURR

This indicator is neither a numerator nor a denominator. We are reporting worker Full- Time Equivalents (FTE) of 9 NGOs. A total of 207 people receive salary, stipend or non-monetary corresponding to 105.13 FTE. By cadre category: Clinical 0.0%, Clinical support 7% (7.5/105.13), Management 28% (29.38/105.13), Social service 0.0% and Lay 65% (68.25/105.13) By site-level cadre and by type of support provided by PEPFAR to the Staff: 82% (86.13 FTE) salary, 13% (14 FTE) stipend and non-monetary 5% (5/105.13 FTE).

#### 5.2.3 RAPID TESTING AND CD4

The project supports decentralization of testing to sites capable of performing rapid diagnostic tests in order to increase access. In the life of the Project, delegates from 32 NGOs have been trained on HIV rapid testing at the NDRC, which delivered a course approval diploma.

The target for FY17 is 1,149 MSM/TG from 5 municipalities: Managua, Tipitapa, Leon, Chinandega and Bilwi. All MSM/TG tested will receive pre and post test counseling with results delivery through mobile units, which correspond to 50% of the KP target that will receive combination prevention services.

The municipalities have been selected based on the higher incidence, prevalence and key populations conglomerates. It has been calculated that 7% of TG people tested and 5% of MSM will be tested positives. 74.6% of the tests will be conducted among MSM and 25.4% among TG.

In this period 8 NGOs worked in 9 departments (16 municipalities) delivering HIV Testing and Counseling which increased access to specific populations.

Nine NGOs completed rapid testing: 5 NGOs serve key populations and 4 serve PLHIV and serodiscordant people. The annual target was met by 172% (1,974 / 7,149). The positive cases target was met by 76% (48/63). The annual positivity rate is 2.43% (48 / 1,974).

Positivity rates according to population:

- MSM 3.78% (33/872)
  - Gay 4.02% (15/373)
  - Bisexual 3.61% (18/499),
- Trans 2.24 (15/671).

HIV testing per site:

- Managua 63.1% (1,245/1974)
- Tipitapa 8.2% (163/1,974)
- Chinandega 14.75 (290/1,974)
- León 8.5% (168/1,974)
- RACCN 5.5% (108/1,974)

Positivity rate per municipality:

- Managua 3.05% (38/1,245)
- Tipitapa 1.84% (3/163)
- Chinandega 1.72% (5/290)
- RACCN 1.85% (2/108)
- León 0.00% (0/168).

Age, 89.5% (1,766 / 1974) are between 20 and 49 years, the group with the largest number of positive cases is 95.8% (46/48 positive cases).

In FY17, 453 test were completed among serodiscordant couples with a 3.5% seropositivity rate (16/453).

Table 4. Positivity rate by geographical location and key population type

Department / Municipality	Positive cases	Total tests	Positivity rate
<b>Chinandega</b>	<b>5</b>	<b>290</b>	<b>1.72%</b>
MSM	2	58	3.45%
Gay	0	17	0.00%
Bisexual	2	41	4.88%
Trans	3	171	1.75%
Serodiscordant   Heterosexual	0	61	0.00%
<b>León</b>	<b>0</b>	<b>168</b>	<b>0.00%</b>
HSH	0	70	0.00%
Gay	0	32	0.00%
Bisexual	0	38	0.00%
Trans	0	30	0.00%
Serodiscordant   Heterosexual	0	68	0.00%
<b>Department of Managua</b>	<b>41</b>	<b>1408</b>	<b>2.91%</b>
<b>Managua</b>	<b>38</b>	<b>1245</b>	<b>3.05%</b>
MSM	27	603	4.48%
Gay	12	259	4.63%
Bisexual	15	344	4.36%
Trans	11	370	2.97%
Use of IV substance	0	11	0.00%
Sex worker	0	4	0.00%
Serodiscordant   Heterosexual	0	257	0.00%
<b>Tipitapa</b>	<b>3</b>	<b>163</b>	<b>1.84%</b>
MSM	2	77	2.60%
Gay	2	41	4.88%
Bisexual	0	36	0.00%
Trans	1	86	1.16%
<b>Puerto Cabezas</b>	<b>2</b>	<b>108</b>	<b>1.85%</b>
MSM	2	64	3.13%
Gay	1	24	4.17%
Bisexual	1	40	2.50%
Trans	0	14	0.00%
Serodiscordant   Heterosexual	0	30	0.00%
<b>Total</b>	<b>48</b>	<b>1974</b>	<b>2.43%</b>

## **CD4 test with mobile equipment**

In the year, project completed 89% (444/500) of the annual goal.

Results:

- 2.5% (11/444) registered less than 50 cells/mm<sup>3</sup>
- 2.3% (10/444) with results between 51 and 100 cells/mm<sup>3</sup>
- 9.4% (42/444) between 101 and 200 cells/mm<sup>3</sup>
- 19.8% (88/444) cells/mm<sup>3</sup> with results between 201 and 350
- 19.8% (88/444) with data between 351 and 500 cells/mm<sup>3</sup>
- 46.2% (205/444) with CD4 higher than 500 cells/mm<sup>3</sup>.

81.3% (361/444) of the PLHIV at the time of testing were taking ARV and the remaining 18.7% (83/444) were not on ART and were accompanied to be re-enrolled in the health services that provide ART. In terms of geographical distribution, 18.69% (83/444) came from Chinandega, 12.6% (56/444) from León, 59.23% (263/444) from Managua and 9.46% (42/444) from the RACCN.

By sex

- Male: 56.7% (292)
- Female: 43.3% (152)
- 

Risk analysis

- Women are likely to have approximately 2 times more CD4 count under 500 (OR = 1.971, 1.32-2.94, Chi2 = 11.39, p = 0.0007)
- No risk association was found between taking ARV or Not and having a Cd4 count under 500 (OR = 0.40, 0.23-0.6, Chi2 = 12.23, p = 0.0004)

### **5.2.4 PSYCHOLOGICAL CARE**

1,355 community psychology services were provided by professionals in the FY17. 56% (757/1,355) of the population reached were PLHIV reached by NGOs ASONVIHSIDA, GAO, ANICP + VIDA, ICW-Nicaragua, 44% (598/1,355) were Female Trans population reached by ADESENI, ODETRANS NGO promoters.

687 people had a psychology community clinical history, and Beck and Hamilton test to measure depression and anxiety, the results are detailed below:

Depression:

- 40% (274/687) without depression
- 30% (209/687) with mild depression
- 16% (112/687) with moderate depression
- 14% (92/687) with severe depression

Anxiety

- 32% (220/687) without anxiety
- 43% (298/687) with mild anxiety
- 22% (151/687) with moderate anxiety
- 3% (18/687) with severe anxiety

### 5.3 RESULT THREE: REDUCTION OF STIGMA AND DISCRIMINATION

S&D and gender-based violence are cross-cutting topics in the Project's activities. Training events provide an introduction on how this affects human rights and facilitates HIV transmission. SDH analysis is a means of identifying root causes that favor S&D and at the same time enables to create action plans to limit or reduce barriers that can be modified.

#### **Campaigns for education and reduction of stigma and discrimination.**

Small social media campaigns were conducted to reduce S&D especially in the Trans and MSM population. 3 NGOs (CEPRESI, CEGODEM and ODETRANS) are conducting awareness campaigns on sexual diversity human rights in social networks.

**CEGODEM. Facebook campaign.** The communication campaign *Prevenir es Vivir (Prevention is Living)*, started in January 2017 and ended on July 31<sup>st</sup>, 2017. Through the Facebook page of the campaign it was possible to reach the target group directly thanks to the segmentation and content management tools offered by Facebook, thus avoiding that the content was not received by MSM. This success is evident in the comments received in shared posts and content, which are mostly positive.

The number of Likes of the Facebook page of the campaign was 2,943. The shared videos were played 7,148 times during the period of the campaign.

128 key messages were sent to 332 MSM via text messaging, with HIV and S&D preventive messages, correct and consistent condom use.

**Focus Groups Evaluation.** Three focus groups were held in the municipalities of Managua, León and Chinandega, with MSM. Focus groups participants were 21 people (Managua: 7 people, León: 8 people and Chinandega 6 people). 91% believe the campaign contributed to improving their sex education, 89% believe it provided timely information on sexually transmitted infections (STIs) and HIV. Regarding how to improve in the next phase of the campaign, 80% thought that with more visually attractive content and 20% said that with better designs.

**ODETRANS:** Has been using the Facebook profile called Bella Odetrans which empowers and improves self-esteem of Trans that are subject to stigma and discrimination (<https://www.facebook.com/bella.odetrans.5>) and part of the strategy is to also share the publications made through the “Bella y Saludable” fan page (<https://www.facebook.com/BellaySaludableNic/>),

#### **CEPRESI. EDUCHAT**

In the 7-month project period, it was possible to send messages to 1.006 different numbers, all corresponding to MSM populations. Preventive and S&D messages were sent and none of the recipients reacted unfavorably. The people who received messages expressed their appreciation, approval and personal commitment to protect themselves, through full texts, images, icons/emoticons.

S&D knowledge was updated among 56 promoters, 71 in Gender and 78 in advocacy and human rights

In FY 17, 457 people participated in video forums on gender-based violence and stigma and discrimination, 35.4% (168/475) was female and 64.6% (307/475) was male.

#### **INDICATOR**

9 NGOs with annual plans to reduce S&D towards KP, and are implementing them: 100%

## 5.4 RESULT FOUR: IMPROVED PARTICIPATION OF NGOS

This result has been achieved and is the product of the comprehensive approach of the Project, starting from improving capabilities for management, planning, monitoring and analysis services production data. In addition, they learned to define, measure and improve the quality of their services. Managing population sizes and knowing their contribution in the coverage of prevention services in the national response and being subjects in the generation of strategic information has allowed NGOs supported by PrevenSida, to have a robust presence, and with institutional prestige in all the spaces in which they have participated.

100% (9/9) of NGOs are participating in local and national coordination mechanisms of the national response. CEGODEM is not part of CONISIDA, but participates in spaces of national discussion related to advocacy of the human rights of sexual diversity

### WEB SITE

In year seven, there were 6,470 visits to the PrevenSida website by 2,586 users, visits that generated 3,206 sessions, 8,276 pages were visited and the average number of pages per session was 3.2.

81.5% of the users were new visits, 66% of the visitors were men, and 68.1% of users belonged to the ages between 18 and 44. As for the origin of users in FY17, 60% are from Nicaragua, 10% from EEUU, 4.5% Russia, 4.2% from Mexico.

The most consulted documents are the following: monthly bulletins, the section related to STI/HIV research, knowledge management report, the information note about the participation of "NGO delegates participating in workshop on participatory research".

On Facebook, 1,078 followers registered cumulatively 1,084 "Likes" with 1,070 followers. The news of the participation of the Government of the United States in the Knowledge Management Fair of HIV and LGBTI Rights turned out to be the article more seen by Facebook users.

### ELECTRONIC BULLETIN

437 recipients in the email list received information on activities carried out by USAID projects.

### M&E AND SHARING.

In FY17 the unique register system was adjusted to be compatible with the requirements of the guide to report the Monitoring and Evaluation indicators 2.0, which came into effect in the first month of the year in report. These adjustments included recording and disaggregation of information of individuals reached by:

- a. Type of population per sex worker status or non-sex worker status.
- b. Known PLHIV, new test or if the key target population refuses to get tested for HIV.
- c. People linked to the project, paid with grant funds or working voluntarily in prevention and care activities.

To ensure data quality, the quality control guide for information gathered and digitized in the single register system was applied, an important element in terms of data quality is the fact that 8 of the 9 NGOs (GAO, ANICP + VIDA, ASONVIHSIDA, ADESENI, ODETRANS, CEPRESI, CEGODEM and AMODISEC) had implemented funds in previous years and this facilitated local monitoring and evaluation activities. In the case of ICW-Nicaragua, it is a recently created institution in the country, which implied more intense coaching than in other NGOs in order to ensure that the human resource in charge of M&E will have the knowledge and tools to fulfill their functions.

### INDICATOR

- 9 NGOs have received technical assistance for HIV related policies development. 100%
- 9 NGOs have received technical assistance for HIV related policies development. 100%



## 5.5 RESULT 5. IMPROVED GENERATION, DISSEMINATION AND USE OF HIV STRATEGIC INFORMATION

USAID Nicaragua has implemented different applied research studies in the most recent years on the subject of HIV with key populations, gaining experience in the following topics: Methodology for estimation of key populations, Community surveys using the Place light method, Evaluation of coverage of preventive services, Impact Assessment of Combination Prevention on Behavior Change, Logistics of NGO Health Supplies, Analysis of Social Determinants of Health of Key Populations, Use of Digital Technologies, Evaluation of Informed NGO Participation, Stigma and Discrimination, and Cost effectiveness.

The method used has been Participatory Action Research, seeking to obtain reliable and useful results to improve collective situations, basing the research on the participation of the information generators themselves in the research process. The results of this participatory research experience are presented in the Knowledge Management Forum.

In August 2017, the AOR USAID and the COP started coordination and presentation of the Knowledge Management (KM) component in Central America Region (CAR). The work sessions included 27 leaders of KP CSOs, officers from Regional PEPFAR, CDC, Regional USAID, PAHO and COMISCA. In addition, meetings were held with authorities from the HIV programs of the Ministries of Health, country coordinating mechanisms and main recipients of the FG of the Central American countries.

Meetings were held with 26 KP NGOs which were organized by type of KP in 4 countries (Guatemala, Honduras, El Salvador, and Panama). The NGOs expressed their interest in participating in the KM strengthening activities because this is a pending task to advance in their development as organizations and because there is no precedent to date, in their countries. Ministries of Health and country coordinating mechanisms authorities expressed a similar opinion, as this will strengthen informed participation of KP NGOs in the national response.

### NICARAGUA

The research team is comprised of USAID's AOR, Project Advisors and an external consultant. They were in charge of designing and monitoring 7 applied research studies of which, two were external evaluations: an NGO logistics component carried out by DELIVER and the evaluation of the quality component of the ASSIST and PrevenSida projects.

The other topics are related to the effectiveness of the combination prevention and care model, access to HIV and CD4 testing, and the baseline of NGO logistics capabilities

The main results are summarized below

#### **I. Prevention of HIV in key population in Nicaragua: What works?**

*In one year (October 1, 2014 to September 30, 2015), the project benefited 22,566 people (39% of estimated key population) with at least one service and 9,033 (16%) with two or more services.*

*Discussion: The evidence generated suggests a significant link between exposure to more than two preventive services in a year and the three behavioral indicators assessed. For three groups studied, Homo sexual, Bisexual S and Female Transgender, the biggest impact was related to an increased test uptake, and to a lesser degree, an increase in consistent use of condoms and a reduction in the number of partners.*

## **2. Effectiveness of peer interventions to improve HIV testing access among key populations: a community-based approach. 2010-2015**

*Discussion: The PrevenSida Network achieves a high level of coverage of preventive actions in the main key population groups (MSM, Trans), maintained around 40% of the officially estimated universe for MSM and Transgender population.*

*In the five years analyzed, PrevenSida has contributed to detecting 157 new cases of HIV-positive people, representing an overall rate of 0.3% of those tested. The concentration of higher reactivity rates in the first years shows the project's orientation towards populations and territories in conditions of previous exclusion from access to services; which in turn determined the accumulation of non-detected cases; such as the female Transgender and the South Pacific and Central North regions.*

## **3. Performance evaluation of the logistics strengthening component to NGOs of the DELIVER project.**

The report of the external evaluation of NGOs performance was completed.

The results of the evaluation indicate that there was a marked improvement in the fulfillment of the 27 indicators evaluated, improving from 43.4% to 82.9% in all; 22 of the indicators improved, three remained the same, and two worsened.

The principal advances were observed in having thermohygrometers or thermometers (0% to 100%), using thermometers or thermohygrometers, having visible expiration dates (0% to 91%), using supply reception forms (0% to 73%), having stock data collection forms and stowage cards (6.2% to 91%), having supplies labeled (13% to 91%), having sufficient space to store supplies (13% to 82%), applying the PEPE technique (56.2% to 100%), having and using consumption data collection forms (50% to 91%), having adequate supply stacking (63% to 82%) and having clean storage space (69% to 82%).

Nevertheless, some aspects remain in need of improvement, such as updating stowage cards (0% to 36.4%), using stowage cards and stock data collection forms (0% to 46%), and performing physical inventory checks (31% to 55%).

The key successes were enhancing a plan of action to reduce gaps, focusing on continuous quality improvement, developing capacity among the organizations' work teams, training facilitators, creating and distributing tools and the special offering of the USAID PrevenSida in training quality teams, enabling supervision visits and supplying equipment.

## **4. Logistic capabilities of NGOs involved in the national response to HIV in Nicaragua.**

*Discussion: The organizations involved in the national response to HIV in Nicaragua are in the process of consolidating their logistic capabilities to address universal treatment, in line with the new WHO guidelines. Joint efforts between donors, USAID projects, the government and the NGOs themselves make it possible to recognize that, over the years, their abilities to address the epidemic have been strengthened.*

*The transfer of skills to NGOs has been vital in recent years, increasing their quality through the use of new teaching methodologies and the inclusion of training schools; resulting in teams of facilitators with skills in logistics and other aspects of HIV care. These new modalities can be expanded, replicated and documented for sustainability.*

*Most medical and non-medical supplies are available. Great progress is seen in conditions and good practices in storage and inventory control, which translate into ensuring the useful life of supplies. It is important to join forces to ensure that all NGOs have sufficient space, good ventilation, and security conditions.*

*The distribution and delivery method is clearly defined, with good disposition from all personnel in the organizations, but the timely transport of supplies is the greatest challenge, because they have economic difficulties for transportation.*

## **5. Evaluation of the effectiveness of the Combination Prevention and Care model for key populations in Nicaragua. USAID | PrevenSida Project. 2011 – 2016**

The evaluation was carried out in the March to July 2017 period. In this period, it was proposed to validate the combination prevention model promoted by thePrevenSida project. Evidence validates the effectiveness of the model.

The following results stand out:

- The correspondence between the exposure gradients (added more care provision instances) and the increasing gradient in the likelihood of risk modification is very clear and significant. Increase in the number of care provision instances increases the effects.
- Maintaining the link of the key population with PrevenSida's services for more than a year, greatly enhances the likelihood of change in risk behaviors.
- All types of activities of the combination HIV care model (behavioral, structural, biomedical), increase the chances of risk behavior change. One of the most effective is greater sensitivity towards structural activities (GBV and S&D counseling). Care as "peer education" and "small groups" multiply the likelihood of risk behavior change, since they foster better interpersonal communication.
- Effects on behavior are enhanced among most vulnerable populations (young people, unemployed, suffering GBV, sex worker clients, sex workers, etc.).

## **6. Final performance evaluation of the USAID Nicaragua HIV Quality Improvement components in PrevenSida and ASSIST activities**

The purpose of the study is to evaluate the performance of PrevenSida and ASSIST's quality improvement component, implemented by URC in Nicaragua and to provide recommendations for future activities.

Research should answer the following questions:

1. What were the changes that occurred in the quality of HIV services provided in each activity directly attributable to USAID support?
2. What were the most effective methods of knowledge transfer, improvement of attitudes and adoption of best practices in each component?
3. How were the USAID gender equality guiding principles incorporated in the QI component?<sup>5</sup>
4. How sustainable are the quality improvement programs?
5. What lessons can be learned and shared with other counterparts and countries?

Designed instruments will be applied in fieldwork to a sample that allows covering the diversity that can be found for three relevant regions (Pacific, Managua, Caribbean), which for the three relevant subjects are estimated: Beneficiaries: MSM Population: 130; Trans: 120; PHIV: 100; students: 150. Total: 500.

In addition: Interview to Directors of 8 Universities; 4 from USAID / URC and 4 from other national bodies (CONISIDA, MINSA)

The field visit phase was completed for NGOs and universities in this quarter. The research team held a meeting to do quality control of the information, to collect data from the experience gained in field visits and to complete information processing. In the week of September 11, they entered into the information processing stage (matrixes/tables) and information analysis.

## **Knowledge Management Forum**

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<sup>5</sup> USAID Gender Equality and Female Empowerment Policy  
[https://www.usaid.gov/sites/default/files/documents/1865/GenderEqualityPolicy\\_0.pdf](https://www.usaid.gov/sites/default/files/documents/1865/GenderEqualityPolicy_0.pdf)

The knowledge management forum in HIV and LGBTI Human Rights was held in the framework of the celebration of the LGBTI pride month with the participation of the United States Ambassador, Ms. Laura Dogu, the MOH General Secretary, the president of Nicaraguan AIDS Commission (CONISIDA), and representatives from CONISIDA departmental, cooperation agencies, universities, and civil society organizations that serve key populations and the private sector, as well as PEPFAR funded projects.

324 people attended: delegates from the CONISIDA, Regional AIDS Commission RAAS (CORESIDA) of the Autonomous Region of the Southern Caribbean Coast (RACCS), government officials, USAID program managers for Central America and Nicaragua, universities, private sector, delegates from key populations non-governmental organizations, implementing partners of USAID projects and the media.

30 studies were shared in this activity, 10 of them led by CONISIDA and supported by the USAID IPASCA project, 10 other studies were presented, funded by USAID (PrevenSida, PASMO and ASSIST) and the CDC and 10 studies carried out by KP NGOs supported by PrevenSida.

The work to promote, defend and foster LGBTI human rights by NGO promoters was acknowledged in this activity.

## HONDURAS

### ***Community cascade by type of key population in Honduras.***

The activities set out in the work schedule have been fulfilled with delays due to external factors such as the response of the Ethics Committee. Completed facilitator training on the CoC and the use of the community-based clinical survey, which received feedback from the USAID Nicaragua AOR regarding ethnicity and population type self-identification. Therefore, it was readjusted in SRU. Another important progress was approval by the Ethics Committee of the Autonomous University of Honduras. The field phase began in September, which consists on providing CoC services and completion of the community-based clinical survey.

### ***Study of the Social Determinants of Health (SDH) in key populations.***

The NGOs selected to complete the studies are: Somos CDC – COZUMEL who will conduct the SDH study among key population (MSM and Trans) and REDMUDE who will conduct the SDH study among sex workers (SW).

The three sectors completed the summary of evidence that is under review. On behalf of USAID and the project. The next step is drafting the final report and return of the results.

### ***Special study on HIV epidemic among the Garifuna population in Honduras:***

*Sub-study 1: Epidemiological profile of HIV in the Garifuna population of Honduras.* Completed the analysis process of primary sources and are in the analysis phase of VICITS data, mortality, and comparative analysis of the three behavior change surveys (2006, 2012 and 2017).

*Sub-study 2. Assessment of risk factors using community surveys*

Completed the field phase and is in the stage of data analysis, filling tables and re-categorization of variables, and drafting the first report. 1073.39

*Sub-study 3: Continuum of care: HIV cascade in the Garifuna population of Honduras.*

Fieldwork phase completed, completing data analysis and quarterly report is being prepared.

*Sub-study 4. Institutional capacities based on the social determinants of health (SDH) in the Garifuna population.*

The first report on SDH was sent to PrevenSida, with a series of recommendations regarding the reorganization of the evidence and its correct selection.

## CENTRAL AMERICA

The study of Key population size estimation in 5 countries will not be carried out because the countries have recently performed them with budget from the Global Fund and other sources.

A study of Combination prevention model in 5 countries will not be carried out because the Region has established its own mechanisms of evaluation, the efficacy of the model is only in being evaluated by PrevenSida in Nicaragua.

For the next fiscal year, once the PrevenSida extension is signed, the SDH analysis will be completed in Guatemala, El Salvador and Panama and the action plans in Honduras and Nicaragua will be updated.

The SDH analysis will allow organizations to identify and prioritize 3 key country population studies (MSM, TG and PLHIV)

## 6. CROSS-CUTTING AND OTHER ISSUES

### LOCAL CAPACITY BUILDING AND SUB- GRANTS.

In the 2011 to 2017 period, through USAID/PrevenSida, 37 NGOs (21 LGBTI NGOs and 4 PHIV NGOs) have successfully implemented 111 Grants; which has been the main strategy for institutional strengthening of NGOs as essential part of the National Response to HIV/AIDS.

For year 7 of the project, 9 NGOs were selected with a total of US \$ 367,734.03 which will serve 4 departments and 5 municipalities where the highest number of HIV cases have been registered in the last 3 years: Managua, Tipitapa, León, Chinandega, Masaya and Bilwi.

Table 5. NGO selected for grants

No.	NGO	Type of target population		
		People with HIV	MSM	Trans
1	Grupo de Autoayuda de Occidente GAO	•		
2	Asociación Nicaragüense de VIH/SIDA ASONVIHSIDA	•		
3	Asociación Nicaragüense de Personas Positivas Luchando por la Vida ANICP+VIDA	•		
4	Comunidad Internacional de Mujeres con VIH. ICW Nicaragua	•		
5	Asociación por los Derechos de la Diversidad Sexual Nicaragüense. ADESENI			•
6	Organización de Personas Transgénero de Nicaragua ODETRANS			•
7	Centro de Estudio para la Gobernabilidad y Democracia CEGODEM		•	
8	Asociación Movimiento de la Diversidad Sexual Costeña MDS RACCN		•	
9	Centro para la Educación y Prevención del Sida CEPRESI		•	

## GENDER.

The incorporation of gender has been a cross-cutting theme for USAID in HIV response. Therefore, KP in Nicaragua have been included in specific programs and activities that seek to improve access to prevention services, reduce S&D, promote and defend human rights, and strengthen the administration and management of the organizations.

PrevenSida address vulnerabilities related to gender and sexual practices; the social, coercive, and, at times, violent aspects of commercial sex work; and the special HIV prevention needs of transgender, bisexual, and homosexual communities. Through collaborative and training sessions, we emphasize responsiveness and communication to allow NGOs to examine the role of gender in relation to health improvement in a natural and purposeful way. Gender considerations is integrated with program objectives in a culturally acceptable manner.

We use a series of educational videos covering S&D of TG people and PHIV in Nicaragua. These are presented by NGOs using cinema forums and trained NGO facilitators to lead discussions in the community on issues shown in the videos.

In the SDH analysis completed by KP NGOs, they identified the structural causes, at the community level and in other determinants, for which they establish recommendations and action plans.

### GENDER INDICATOR

GEND\_NORM: Number of people completing an intervention pertaining to gender norms that meets minimum criteria: 71 (142%; 71/50).

## 6.1 ENVIRONMENTAL MANAGEMENT PERFORMANCE PLAN

According to Resolution 216, PrevenSida falls in the *Negative Determination with Condition* category. The Monitoring and Environmental Mitigation final report was sent to USAID and approved in December 2016. This category was due to the fact that one of the activities was to promote and perform HIV testing prior to counseling among key populations (MSM and TG) and CD4 in the case of CEPRESI. See Annex 3 for the environmental mitigation monitoring plan.

The Activities developed to mitigate environmental impact in the use of HIV rapid tests in NGOs are:

- Knowledge update on Resolution 216 of USAID, Law 217 of Nicaragua on environment. 76 resources Participating of implementing NGOs. Each participant who met the USAID/PrevenSida approval criteria, gave them a workshop approval certificate.
- 7/9 NGOs coordinated with local MINSA to dispose medical and non-medical waste based on MINSA regulations. As part of these coordinations, the MINSA authorities provided them with a signed letter stating that they authorized to receive the waste to incinerate them. CEPRESI, have contracted with ECOTRASA, a private company, and CEGODEM through CEPRESI coordinated for proper medical waste disposal.
- 47 NGO resources received updated knowledge on HIV rapid testing, biosecurity measures, use of the 091 standard "Guide to procedures for HIV diagnosis and follow-up" authorized by the Ministry of Health, quality control and mechanism for referral and monitoring of reactive cases.
- Each NGO monitored compliance with activities included in the environmental mitigation and reporting plan through the monitoring officer and reported monthly compliance progress in the technical report sent to PrevenSida.
- The NGOs have medical sharps container and copies of the MINSA biosecurity standard.

## 6.2 COORDINATION WITH OTHER USAID PROGRAMS AND DONORS

PrevenSida worked closely with USAID|PASCA, USAID|Combination Prevention, the Center for Disease Control and the Global Fund HIV/AIDS program.

PASCA is the USAID program to strengthen the Central American HIV response. It is a five-year program that started on October 1st 2008 and will end on September 30<sup>th</sup>, 2017. Coordination is based on strategic alliances action; advocacy and national strategic plan monitoring.

Center for Disease Control. Coordination to promote project grantee NGOs' result sharing as part of Knowledge management.

USAID|ASSIST, the project coordinated to transfer the new knowledge to universities. Together they have contributed to strengthening Trans NGOs and foreseen to develop the comprehensive care plan for Trans population in conjunction.

CONISIDA, member of the M&E committee. Sharing preventive services production data generated by NGOs on a quarterly basis and participating in sessions where technical teams from cooperation projects share their progress.

Global Fund HIV/AIDS program. The Project provided support to the Global Fund and sub-grantees with training to use the unique record of people reached with combination prevention activities.

Country Coordinating Mechanism: PrevenSida is a member of the Strategic Committee for Monitoring and Evaluation of the Global Fund grant and as observer of the selection of possible sub recipients for the next phase.

## 7. MONITORING AND EVALUATION PLAN

### UNIQUE RECORD UPDATE

At the end of 2016, PrevenSida has a UR automated system version 7.0 with the following data entry templates:

- Record of HIV prevention and testing activities for key populations
- Record of prevention and care activities for PHIV
- Record of Community Clinical Survey
- Record of psychological care

Information is collected, digitized and processed in NGOs, and are the product of activities where prevention and care services are provided to key populations and PHIV, data entry is done in the automated unique record system created in the data management program ACCESS and information is exported to electronic files in Excel.

**PROGRAM MONITORING** at PrevenSida there is a database consolidating gathered, entered and analyzed information in NGOs. The monitored indicators are those established in the URC-USAID contract and those related to Regional PEPFAR.

The evidence supporting the reports is filled electronically and physically in keeping with the systematic process followed by the USAID Mission in Nicaragua for data quality assessment.

## **DATA QUALITY, PROCESSING AND COLLECTION**

Community promoters collect data supporting the project's goal progress report, which take the information on prevention and care approaches on key population and PHIV. In this process, people responsible for monitoring and evaluation at NGOs conduct coaching visits ensuring quality of collected data.

After primary data collection, information is entered in the unique record automated system and a second control is conducted for data quality. It consists of filters avoiding incoherent data recording, such as sex and type of population, date of birth, and automated age calculation. There is a unique code construction from user information that does not change over time, for example, place of birth, date of birth, and the first letters of the first name and last name. The third process for data quality control is application of the data quality control guide enabling comparison of primary data with data entered in the system, thus reducing the margin of error of under recording information and/or possible errors of primary data not inputted.

During the reporting period, we continued to implement data supervision and monitoring from the information source. Data collection knowledge standardization enabled to find and correct promoters' concepts on variables subject to information recording.

An important element in information inputting was data coming from the mobile CD4 unit into the UR system, facilitating information integration and unification of a unique information recording system.

The quality control guide implementation continued, as well as documentation organization, and permanent verification of proper information system operation. It is relevant to note the importance of TeamViewer for online communication, especially ownership from NGOs monitoring staff.

Trainet is the monitoring and recording mechanism for training provided by the project to NGO staff.

## **8. ANNUAL PLAN COMPLIANCE**

100% of planned activities were completed.

## **9. BRANDING AND MARKING**

Every induction workshop and informative workshop for grantee NGOs included institutional strengthening and information on Branding and Marking compliance. They are also given a hard copy of the information on this requirement in Spanish.

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) Branding Guidance, updated in 2012 was received in August 2012, requiring use of the Regional PEPFAR logo, due to the HIV program in Nicaragua being linked to the Regional Program. The corresponding logo has been incorporated in all material developed with PEPFAR funds as well as in training sessions where power point presentations are used.

NGOs that have developed communication materials have submitted them to USAID PrevenSida for processing, which have been completed with USAID approval. On February 2016, USAID officially launched the updated USAID Graphic Standards Manual and Partner Co-Branding Guide. This update includes streamlined guidance and new options for logo use, additional color choices and fonts, and instructions for engaging on social media. According to USAID Nicaragua instructions we use the new color in our logo.

## **10. MANAGEMENT AND STAFFING**

There was no change in staff recruitment. Staff has updated their documentation required by URC administrative regulations.



## II. ANNEXES

Annex I. PEPFAR indicators. FY 2017

Indicator PEPFAR	FY17		
	Target	Total reached	Percent Complete
HTS_TST. Number of individuals who received HIV Testing Services (HTS) and received their test results (DSD)	1,149	1,974	172%
HTC_TST_DSD-a Number of men	1,149	1,771	154%
HTC_TST_DSD-a Number of women		203	N/A
HTC_TST_DSD-d age (15+ years old)	1,149	1,974	172%
HTC_TST_DSD-e Positive	63	48	76%
HTC_TST_DSD-f Negative	1,086	1,926	177%
HTC_TST_DSD-g Individual	1,149	1,540	134%
HTC_TST_DSD-h Couples	0	434	0%
HTC_TST_DSD-k By MARP type: MSM	1,149	1,543	134%
HTC_TST_DSD-l Custom By MARP type: MSM (Homosexual)	340	373	110%
HTC_TST_DSD-m Custom By MARP type: MSM (Transgender)	300	673	224%
HTC_TST_DSD-n Custom By MARP type: MSM (bisexual men)	509	497	98%
KP_PREV. Number of key populations reached with individual and/or small group-level HIV prevention interventions designed for the target population (individual)	2,298	9,853	429%
By MARP type: CSW		28	N/A
By MARP type: IDU		35	N/A
By MARP type: MSM	2,298	9,790	426%
Custom By MARP type: MSM (homosexuals)	700	3285	469%
Custom By MARP type: MSM (transgender)	584	1826	313%
Custom By MARP type: MSM (bisexual men)	1,014	4,679	461%
Number of Men	2,298	9,829	428%
Number of Women		24	N/A
KP_PREV. Number of key populations reached with individual and/or small group-level HIV prevention interventions designed for the target population (contact)	4,596	17,106	372%
MARP type: CSW		40	N/A
By MARP type: IDU		40	N/A
By MARP type: MSM	4,596	17,026	370%

Custom By MARP type: MSM (homosexuals)	1,400	5,740	410%
Custom By MARP type: MSM (transgender)	1,168	3,542	303%
Custom By MARP type: MSM (bisexual men)	2,028	7,744	382%
Number of Men	4,596	17,072	371%
Number of Women		34	N/A
Number of health care workers who successfully completed an in-service training program within the reporting period	310	766	247%
GEND_NORM: Number of people completing an intervention pertaining to gender norms, that meets minimum criteria	50	71	142%
CE.577-b Testing and Counseling	10	47	470%
CE.577 Stigma and discrimination	50	56	112%
CE.577-d Combined HIV Prevention	50	76	152%
GBV prevention	50	56	112%
CE.577 Advocacy and human right	50	78	156%
CE.577-e Other Continuing of Care model and Test and Start Strategy	50	382	764%
CARE_COMM Number of HIV-positive adults and children receiving care and support services outside of the health facility (individual)	1773	3879	219%
Number of Men	1,008	2,280	226%
Number of Women	765	1599	209%
CARE_COMM Number of HIV-positive adults receiving care and support services outside of the health facility (contact)	7092	10391	147%
Number of Men	4,032	6,262	155%
Number of Women	3,060	4,129	135%
CARE_CURR_DSD Number of HIV positive adults who received at least one of the following during the reporting period: clinical assessment (WHO staging) OR CD4 count (DSD)	1773	3361	190%
By Sex: Male	1,008	2,105	209%
By Sex: Female	765	1256	164%
CARE_NEW Number of HIV-positive adults newly enrolled in clinical care during the reporting period who received at least one of the following at enrollment: clinical assessment (WHO staging)	63	46	73%
By Sex: Male	44	46	105%
By sex: Female	19	0	0%
TX_NEW. Number of adults newly enrolled on antiretroviral therapy (ART)	0	317	N/A
DSD: TX_CURR; Number of adults and children currently receiving antiretroviral therapy (ART).	0	3348	N/A
HRH_CURR. Number of health worker full-time equivalents who are working on any HIV-related activities i.e. prevention, treatment and other HIV support and are receiving any type of support from PEPFAR at facility and sites, community sites, and at the above-site level.	NA	105.13	N/A

Indicator FY 17	FY17		
	Target	Total	Percent Complete
<b>Result 1</b>			
NGO with institutional development plans and implement annually	9	9	100.0%
<b>Result 2</b>			
MARP reached yearly through community outreach that promotes HIV-AIDS prevention	2,298	9,853	428.8%
Number of individuals who received HIV Testing and Counseling (HTC) services for HIV and received their test results	1,149	1,974	171.8%
Organizations providing appropriate behavioral change communications, counseling and testing, condom provision and other preventive services to other members of high risk groups.	9	9	100.0%
<b>Result 3</b>			
Number of individuals capacity on Stigma and Discrimination	50	56	112.0%
NGO with annual plans to reduce S&D towards MARPS, and are implementing them	9	9	100.0%
<b>Result 4</b>			
NGO have received technical assistance for HIV related policies development.	9	9	100.0%
NGOs participating in local and national coordination mechanisms of the national response.	9	8	88.9%
An advocacy plan developed and implemented to remove barriers in implementing prevention programs for people with higher vulnerability through networking	1	1	100.0%
1 Annual Forum	1	2	200.0%
<b>5. Strategic information component</b>			
<b>Nicaragua</b>			
Five applied research reports disseminated on the HIV combination prevention and care model in Nicaragua (Community Survey, Mobile CD4, Evaluation of HIV Determinants Plans, Logistic Capabilities Assessment, QI and NGO Sustainability, Information and Technology use)	5	5	100.0%
One research report on PrevenSida's final evaluation	1	0	0.0%
Three plans (one for each key population) implemented on knowledge management through social networks to address stigma and discrimination, gender-based violence, prevention, adherence promotion	3	4	133.3%
<b>Central America</b>			
• Four applied research reports by country (Community Survey, HIV determinants among key populations, NGO Logistics)	16	0	0.0%
• One binational special study on HIV epidemic among the Garifuna population in Honduras and Nicaragua	2	0	0.0%

Annex 3. 2017 Environmental Mitigation Monitoring Plan

#	Mitigation Measures Description	Owner	Monitoring Method			Estimated Cost	Results			Recommended Adjustments
			Indicators	Method	Frequency		Monitoring Date	Problems Found	Mitigation Effectiveness	
1	Training NGO promoters	Dr. Yudy Carla Wong	# of resources trained on standards  Total resources trained 76 (44 men and 32 women)	Tranning Participants list	Once	\$1,630	Bilwi, January 27	Knowledge update and standards enforcement	Yes	CEPRESI replicates at local level with own resources
							Odetrans, February 8			
							ICW, February 8 2017			
							GAO, February 20			
							ASONVIHSIDA, March 13			
							ADESENI, March 17			
							CEGODEM, March 22			
2	Staff training in rapid testing and biosafety standards	CNDR Minsa	# of promoters trained  Total 47 (31 men and 16 women)	Training Participant's list	Once	\$2,900	November 27 and 28	Update on rapid HIV testing and biosafety	Yes	No
							February 9 and 10			
							February 16 and 17			
							May 2			
							May 18 and 19			
3	Supplies provision for testing (plastic bags, containers, gloves, alcohol gel, rapid tests)	Each NGO	# of resources that have supplies for testing		Once	Each NGO	During the training sessions, it was verified that NGOs have purchased the necessary supplies.			
4	Coordination with MINSA for medical waste disposal	Each NGO	# of NGOs that have coordination with MINSA	Letter form Minsa	Once	N/A	During the follow-up visits, it was verified that the NGOs have the coordination letters with MINSA. In the case of CEPRESI, they coordinate with ECOTRASA, a private company.			